

CERTIFIED TRUE COPY

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RECEIVED AND FILED  
WITH THE  
N.J. BOARD OF DENTISTRY  
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STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF DENTISTRY  
DOCKET NO.

IN THE MATTER OF THE SUSPENSION	:	Administrative Action
OR REVOCATION OF THE LICENSE OF	:	
	:	
Alexander Tolstunov, D.D.S.	:	CONSENT ORDER
	:	
TO PRACTICE DENTISTRY IN THE	:	
STATE OF NEW JERSEY	:	
	:	

This matter was opened to the State Board of Dentistry ("Board") upon receipt of a Report of Investigation from the Enforcement Bureau, Division of Consumer Affairs, which alleged that on or about the period commencing May 1991 to July 1992 respondent Alexander Tolstanov, D.D.S. practiced dentistry in the dental practice of Dr. Isai Fishkin notwithstanding that Dr. Tolstuvnov did not possess a license to practice dentistry in this State. Dr. Tolstunov became licensed to practice dentistry in the State of New Jersey on July 24, 1992. The parties being desirous of resolving this matter without further proceedings and the Board finding the entry of this Order to be in the public interest,

IT IS ON THIS 30th DAY OF September 1994,

**HEREBY ORDERED AND AGREED THAT:**

1. Respondent's license to practice dentistry in the State of New Jersey shall be and hereby is suspended for a period of one (1) year, eighty-nine (89) days of which three (3) months shall be active suspension and shall commence on October 1, 1994 through December 29, 1994. The remaining period of suspension shall be stayed and shall constitute a probationary period so long as respondent complies with all of the other terms of the Consent Order. The respondent shall derive no financial remuneration directly or indirectly related to patient fees paid for dental services rendered during the period of active suspension. Respondent shall not be permitted to enter upon the premises of any dental facility\* during the period of active suspension or provide any consultation to other licensees rendering treatment to patients of the respondent or sign or submit insurance claim forms for treatment rendered during the period of active suspension. On the effective date of the active suspension, respondent shall submit his dentistry license, CDS and DEA registrations to the Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102 or surrender such credentials to the Board's designee.

2. Respondent is hereby assessed a civil penalty in the amount of \$2,500 payable within thirty (30) days of the entry date of this Order; said penalty shall be submitted to the Board by certified check or money order made payable to the State of New Jersey, State Board of Dentistry.

\*  
However, nothing herein shall prevent Respondent from entering upon the premises of a dental facility for the purpose of obtaining personal dental care.

3. Respondent shall pay costs to the State of New Jersey in the amount of Two thousand six hundred fifty-two dollars (\$2,652.00) by submitting a certified check<sup>s</sup> or money order<sup>s</sup> in the ~~amount~~ made payable to the State Board of Dentistry at 124 Halsey Street, 6th Floor, Newark, New Jersey 07101, <sup>in equal</sup> ~~within~~ monthly installments payable no later than the 15th day of each month from\* ~~sixty (60) days of the entry date of this Order.~~

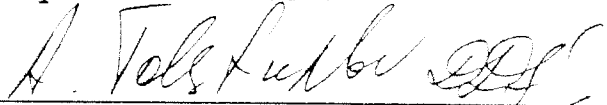
4. Respondent is hereby reprimanded by the Board for engaging in the unlicensed practice of dentistry at a period of time when he was not licensed to perform such acts.

5. This Consent Order encompasses all the allegations relating to the unlicensed practice of dentistry and patient complaints which were the subject of the Board's complaint number 93-12-340. All issues relating to the unlicensed practice of dentistry and all patient complaints asserted in complaint number 93-12-340 are hereby resolved by this Order.

NEW JERSEY STATE BOARD OF DENTISTRY

By:   
Stephen Cardio, D.B.S. President

I have read and understand  
the terms of the within Order  
and agree to be bound by them.  
I hereby consent to the terms and  
entry of this Order.

  
Alexander Tolstunov, D.D.S.

\*January 1995 through December 1995. In the event Respondent fails to timely make any payment, then the total amount due under this paragraph shall be immediately due and payable.

I hereby consent to the  
form and entry of the within  
Consent Order.

*David Owen*

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David Owen  
Counsel for Dr. Tolstunov